

**MULTIPLE DEPENDENT CLAIM  
SEE CLAIM SELECTION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**10/069211**

FILING DATE

APPLICANT(S)

**CLAIMS**

	FILED		1st AMENDMENT	AFTER 2nd AMENDMENT	
	IND.	DEP.		IND.	DEP.
1	/		/		
2		/	/		
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TOTAL IND.	/				
TOTAL DEP.		23			
TOTAL CLAIMS	53	57			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY